

**City of Alameda** Finance/Revenue Division  
2263 Santa Clara Avenue, Room 220  
Alameda, CA 94501  
(510) 747-4862

**SENIOR CITIZENS APPLICATION FOR THE 2% EXEMPTION OF  
MUNICIPAL UTILITY USERS' TAX**

Name As It Appears On Acct: \_\_\_\_\_

Service Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Service Address above)

Optional Information - Birth date: \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Name of Utility (Service Supplier)	Name on Account (If different from above)	Account Number
PG & E (Pacific, Gas & Electric)		
Comcast		
Alameda Municipal Power (Electric)		

I declare under penalty of perjury that I qualify as a senior citizen (62 year or older) and that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check box and complete this Section ONLY if you do NOT wish to be exempt from the increase  
AND  
you wish to make a gift to Mastick Senior Center in an amount equal to the 2% tax exemption.**

☐ I am eligible for the exemption from the 2% utility users' tax since I am at least 62 years old or am low income. I would like to make a gift to Mastick Senior Center in an amount equal to 2%. This is a restricted gift to be used only for funding Mastick Senior Center programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Eligible: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_